



Your business
is our business.

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internet: www.jsitel.com, e-mail: jsitel@jsitel.com

October 11, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

ACCEPTED/FILED

OCT 23 2013

Federal Communications Commission
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Northwest Communications Cooperative
Study Area Code 381625**

Dear Ms. Dortch:

On behalf of Northwest Communications Cooperative "Northwest", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Northwest seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-5124

FCC Form 481 - Carrier Annual Reporting Data Collection Form	<small>FCC Form 481</small> <small>OMB Control No. 3060-0386/OMB Control No. 3060-0819</small> <small>July 2013</small>
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<010> Study Area Code 381625

<015> Study Area Name NORTHWEST COMM COOP

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Mike Steffan

<035> Contact Telephone Number: 7015683331
 Number of the person identified in data line <030>

<039> Contact Email Address: mikes@nccray.com
 Email of the person identified in data line <030>

ACCEPTED/FILED

OCT 23 2013

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <small>(complete attached worksheet)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice) <small>(attach descriptive document)</small>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice) <small>(attach descriptive document)</small>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) <small>(attach descriptive document)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <small>(attach descriptive document)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <small>0.0</small>				
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance <small>(check to indicate certification)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 381625nd510 <small>(attached descriptive document)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <small>(check to indicate certification)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 381625nd610 <small>(attached descriptive document)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <small>(complete attached worksheet)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <small>(complete attached worksheet)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <small>(if yes, complete attached worksheet)</small>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <small>(check to indicate certification)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<1010> <small>(attach descriptive document)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <small>(if not, check to indicate certification)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<1110> <small>(complete attached worksheet)</small>			<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <small>(complete attached worksheet)</small>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification) ☐

<2005> (complete attached worksheet) ☐

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification) ☒

<3005> (complete attached worksheet) ☒

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 381625
<015> Study Area Name NORTHWEST COMM COOP
<020> Program Year 2014
<030> Contact Name - Person USAC should contact regarding this data Mike Steffan
<035> Contact Telephone Number - Number of person identified in data line <030> 7015683331
<039> Contact Email Address - Email Address of person identified in data line <030> mikes@nccray.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381625
<015>	Study Area Name	NORTHWEST COMM COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035>	Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039>	Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	381625
<015>	Study Area Name	NORTHWEST COMM COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035>	Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039>	Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	381625
<015>	Study Area Name	NORTHWEST COMM COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035>	Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039>	Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	381625nd1210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	381625
<015> Study Area Name	NORTHWEST COMM COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035> Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039> Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>	
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>	

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification	<input type="checkbox"/>	
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>	
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>	
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>	

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband	<input type="checkbox"/>	
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>	
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>	
<2019> Interim Progress Certification	<input type="checkbox"/>	
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>	

<2021> Interim Progress Community Anchor Institutions		Name of Attached Document Listing Required Information
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(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0886/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	381625
<015> Study Area Name	NORTHWEST COMM COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035> Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039> Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	381625nd3017
(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	381625
<015> Study Area Name	NORTHWEST COMM COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035> Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039> Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	381625
<015>	Study Area Name	NORTHWEST COMM COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Steffan
<035>	Contact Telephone Number - Number of person identified in data line <030>	7015683331
<039>	Contact Email Address - Email Address of person identified in data line <030>	mikes@nccray.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, inc.
Name of Reporting Carrier:	NORTHWEST COMM COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Mike Steffan
Title or position of Authorized Officer:	GM/CEO
Telephone number of Authorized Officer:	701-568-3331
Study Area Code of Reporting Carrier:	381625 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	NORTHWEST COMM COOP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	381625 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Northwest Communications Cooperative – Unfulfilled Requests for Voice Service (310)

Northwest Communications Cooperative (“Company”) had one unfulfilled request for voice services in 2012 in the Powers Lake exchange. US Fish and Wildlife had an existing easement that would not allow the Company to disturb the ground. The Company has since resolved the issue but it took over one year.

**Northwest Communications Cooperative's Demonstration of Compliance with
Applicable Service Quality Standards and Consumer Protection Rules:**

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

Northwest Communications Cooperative ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under federal law and, to a limited extent under North Dakota state law as a telecommunications carrier subject to North Dakota Public Service Commission regulation. These obligations include, but are not limited to, the following: (1) adherence to state requirements that the Company complies with consumer protection and service quality standards pursuant to North Dakota Administrative Code Article 69, including customer requests for lowest price

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

service alternatives (69-09-05-01), discontinuance of telecommunications services (69-09-05-02), deposits and guarantees (69-09-05-03); (2) truth-in-billing requirements, and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Northwest Communications Cooperative's Ability to Function in Emergency Situations

Northwest Communications Cooperative hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)¹ and North Dakota Administrative Code 69-09-05-12. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is either supplied with permanent standby generators or is generator-ready, and battery back-up that enables the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company's central office can maintain a minimum 8 hours of battery reserve rated for peak traffic load requirements, and an auxiliary power unit is installed which can be delivered and connected within four hours. The Company has permanent generators at Ray, Tioga, Crosby, Epping MMDS, Bowbells MMDS, and Round Prairie Jct. locations, and has the ability to connect portable generators at all locations. The Company has three portable generators to move

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

to different sites in the event of a sustained commercial power loss. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators will continue to run as long as the Company has access to fuel. The Company tests the batteries at least once per year.

REDACTED - FOR PUBLIC INSPECTION



CHECK MY EMAIL

Username

.....

Search NCC...

Search Google

Say hello. 800.245.5884
About Us

Internet

Voice

Cable TV

Security

About Us

Voice

[Bundles](#)[Voice Fees](#)[Long Distance](#)[Calling Features](#)[Lifeline Assistance Program](#)[Temporary Disconnect Plan](#)[Toll Free Calling](#)

Lifeline Assistance Programs

Lifeline assistance lowers the cost of basic monthly local telephone service. Eligible consumers can receive up to \$9.25 per month in discounts.

You are eligible for Lifeline if you participate in one of the following programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance or Section 8
- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch free lunch program

Please call NCC at 701-568-3331 if you think you are eligible for Lifeline and click below to download an application form.

[Lifeline Assistance Application Form](#)



Contact Us

- Call or Fax Us
p. 800.245.5884
f. 701.568.7777
- Email Us
ncc@nccray.com
- Visit Us
111 Railroad Avenue
PO Box 38
Ray, ND 58849
- Connect With Us
Visit our Facebook page

Online Telephone Directory

Please click here to view our searchable telephone directory!

Important Links

NCC's community portal website: go.nccray.com

[Pay your bill and check your account online.](#)

[Log in to Webmail](#)

[Log in to Email Filter](#)

[Google Search](#)

Lifeline Assistance Application and Certification Form

(Please Print or Type)

Company Name Northwest Communications Cooperative

Last Name: _____ First Name: _____ Middle Initial: _____

Residential Address: _____ City: _____ State: _____ ZIP: _____
(Do not use a P.O. Box address.)

Is your residential address a permanent address? Yes _____ No _____

Billing Address: _____ City: _____ State: _____ ZIP: _____
(If different from residential address.)

Social Security Number (last four digits): _____ (If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)

Date of Birth: _____

Landline Telephone Number: _____ (if existing service)

Telephone number where you can be reached or receive messages: _____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes _____ No _____

I am applying for: _____ Lifeline (monthly telephone service discount)

_____ Toll Limitation Service (free toll blocking or toll control)

I, one or more of my dependents, or my household currently participates in one or more of the following programs:
(Check all that apply.)

- _____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- _____ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- _____ Supplemental Security Income (SSI)
- _____ Federal Public Housing Assistance (Section 8)
- _____ Low-Income Energy Home Assistance Program (LIHEAP)
- _____ Temporary Assistance for Needy Families (TANF)
- _____ National School Lunch Program's Free Lunch Program
- _____ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2013 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	Number in Residence	135% Guideline (Annual)
1	\$15,512	5	\$37,220
2	\$20,939	6	\$42,647
3	\$26,366	7	\$48,074
4	\$31,793	8	\$53,501

For each additional person after 8, add \$5,427 to the annual guideline.

Source: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-8183

Important Information

Please provide documentation of eligibility based on the program you are currently participating in. NCC will only need to acknowledge the documentation. You can mail (PO Box 38 Ray ND 58849), email (ncc@nccray.com) or fax (568-7777) a copy of your documentation for proof of eligibility. Any documentation will be destroyed after it's been reviewed and will not be kept in our office. Alternatively, you can bring the documentation into our office in Ray for review (111 Railroad Avenue in Ray).

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I certify, under penalty of perjury, that:

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);
- (7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (8) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature _____

Date _____

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.psc.nd.gov

For office use only:

Documentation provided by subscriber: _____

CSSR initials _____

Version: February 2013